

Statement of Organization INAUGURAL COMMITTEE

Type of Statement				
☐ New Committee ☐ Amended Statement				
Name of Committee				
				
Insert full name of committee (Acronyms must be spelled out)				
Committee Mailing Address				
Street/PO Box (*See Instructions)				
City, State, Zip Code				
Business Phone Fax E-Mail Address				
Elected Official Information				
Name of the File of the Control of t				
Name of the Elected Official Committee for Whom Committee is Organized				
Residence Address				
City, State, Zip Code				
Committee Depository				
Primary Financial Institution and Address Secondary Financial Institution and Address				
Electronic Filing Agreement				
□ Electronic Filer - I, as treasurer of this inaugural committee, intend to file all required campaign finance disclosure reports with the State Board of Elections by electronic means. I agree that, if at anytime the inaugural committee does not intend to file electronically, I will submit an amended Statement of Organization, and all other required documents, stating such.				
☐ I intend to file electronically using Virginia's VAFiling Program.				
☐ I intend to use an SBE Approved Vendor				
(Please Enter Name of Vendor)				
(a reade Ziner 1 value of venest)				
Signature Date				
□ Paper Filer - I, as treasurer of this inaugural committee, understand that if I choose to file this campaign's finance disclosure reports on paper that I must submit a "Request For Exemption From Electronic Reporting Requirements For Inaugural Committees" form in accordance with the provisions of §24.2-952.6 of the Code of Virginia. Signature				
Dutc.				



Statement of Organization INAUGURAL COMMITTEE

Treasurer and Books Information				
Treasurer	Mr. /Ms.	Last Name	First Name	
	Business Add	ress, City, State, Zip Code		
	Street Addres	s (Residence)	Suite #	
	City, State, Zip Code			
	Email Addres	s	Daytime Phone #	
Custodian of the Books				
	Mr./Ms.	Last Name	First Name	
	Business Address, City, State and Zip			
	Street Addres	s (Residence)	Suite #	
	City, State, Zip Code			
	Email Addres	s	Daytime Phone #	
Address Where				
Books are Maintained	Street Addres	s (P.O. Boxes are Not Acceptable)	Suite #	
	City	State	Zip	
Statement of Treasurer				
I accept the appointment of Treasurer for this committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value, which this inaugural committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for incomplete, late or non-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
Giorno Arrano			Data	
Signature			Date FOR ORD OFFICE MODE ON W	
			FOR SBE OFFICE USE ONLY	

CIRCLE ONE

COMMITTEE ID: N or A

DATE ENTERED: __



Instructions for Completing This Form

General Guidelines

- Inaugural committees must submit the original, signed version of this form to the State Board of Elections, Washington Building, 1100 Bank Street, First Floor, Richmond, VA, 23219. Facsimiles and copies will not be accepted.
- 2) This form must be legible, written in ink or typed or it will be rejected.
- 3) All requested information on the form is required, unless otherwise noted below.
- 4) An amended Statement is required to be filed within 10 days of the change of <u>any</u> of the information reported on this form. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed.

Type of Statement

1) Check the box that applies to the type of Statement that you are filing.

Name of Committee

1) Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

- 1) Insert the committee's primary mailing address.
- 2) Insert the committee's primary business phone and fax number.
- 3) Insert the Committee's e-mail address.

Committee Depository

- 1) Insert the name and address of the committee's depository (Bank Name).
- 2) Insert the name and address of the committee's secondary depository (if one).

Elected Official Information

1) Indicate the name and residence address of the elected official on whose behalf the committee was organized.



Instructions for Completing This Form (cont.)

Officer Information

- 1) Treasurer
 - a) Insert the name, business, and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms.
 - *Note: The Treasurer must be a resident of the Commonwealth of Virginia.
 - b) Email Address

*Note: An email address for the treasurer is required if the committee intends to file electronically.

- 2) Custodian of the Books
 - a) Insert the name, business, and residential address of the custodian of the books (if one).

Filing Method

1)

- VAFiling Option
 - If you choose to use SBE's VAFiling software, SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
- Approved Vendor Option
 - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying penalties for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: http://www.sbe.virginia.gov/

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219-3497 Telephone: 804 864-8901 Toll Free: 800 552-9745

FAX: 804 786-1364